COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333
Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics
Phone: 207-287-4179
Fax: 207-287-6775

2014 SEED MONEY REPORT
FOR MAINE CLEAN ELECTION ACT CANDIDATES

DUE DATE: April 22, 2014

REPORT PERIOD: Date of first seed money contribution – April 22, 2014 *or date of certification request*
If a 2014 January Semiannual Report was filed, the report period for the Seed Money Report begins on 1/1/2014.

Please complete ALL entries.

NAME OF CANDIDATE				☐ **CHECK IF CHANGED FROM PREVIOUS REPORT**
STREET				
CITY AND ZIP CODE		**TELEPHONE NUMBER**		
E-MAIL				
OFFICE SOUGHT		**DISTRICT NUMBER**		

NAME OF TREASURER				☐ **CHECK IF CHANGED FROM PREVIOUS REPORT**
MAILING ADDRESS STREET				
CITY AND ZIP CODE		**TELEPHONE NUMBER**		
E-MAIL				

☐ **This is the first report for the candidate's 2014 campaign.**

☐ **Amendment to:** ____

☐ **Other (specify):** ____

☐ **Check if campaign had no activity for the report period (no other pages are required).**

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE, CORRECT, AND COMPLETE.

______________________________ ______________________

Candidate's or Treasurer's Signature **Date**

UNSWORN FALSIFICATION IS A CLASS D CRIME (17-A M.R.S.A. § 453).

CANDIDATE'S NAME

SCHEDULE A
CASH SEED MONEY CONTRIBUTIONS

- **Only individuals may make seed money contributions. Contributions must be from their personal funds and not from other sources. Each contributor may give up to $100 in seed money. Lobbyists, lobbyist associates, and their employers may not make seed money contributions during the legislative session. Members of the candidate's family may each give up to $100 in seed money, provided the contributions are from their personal funds.**
- **Both cash and in-kind contributions count toward the $100 threshold.**
- **Total seed money contributions may not exceed $1,500 for Senate candidates and $500 for House candidates.**
- **Itemize all contributions from contributors who have given you more than $50 in seed money contributions.**
- **Report the occupation and employer for every individual who contributed more than $50 in this report period.**
- **If you have requested employment information from the contributor and the contributor has not provided it, indicate "information requested" for the occupation and employer.**
- **For cash contributions totaling $50 or less, please enter "total of contributions $50 or less" and the total amount on a line on this page. Once a contributor has given you more than $50 in a report period, you must list that contributor separately.**
- **On the first report of the election cycle only, include the total of any surplus campaign funds, if any, from a previous election cycle that you are transferring to your 2014 campaign. Please contact the Commission staff for more information about complying with seed money restrictions when transferring surplus funds from a previous campaign.**

DATE RECEIVED	CONTRIBUTOR'S NAME, ADDRESS, ZIP	OCCUPATION AND EMPLOYER	TYPE (use key code)	AMOUNT

Total cash seed money contributions (this page only) ⇒
(*combined totals from all Schedule A pages must be listed on Schedule F, line 1*)

Key Codes:
1 = Other Individuals
2 = Candidate and Candidate's Spouse/Domestic Partner
11 = Transfer from Previous Campaign
12 = Contributors Giving $50 or Less

CANDIDATE'S NAME

SCHEDULE A
CASH SEED MONEY CONTRIBUTIONS (continued)

DATE RECEIVED	CONTRIBUTOR'S NAME, ADDRESS, ZIP	OCCUPATION AND EMPLOYER	TYPE (use key code)	AMOUNT

Total cash seed money contributions (this page only) ⇒
(*combined totals from all Schedule A pages must be listed on Schedule F, line 1*)

Key Codes:
1 = Other Individuals
2 = Candidate and Candidate's Spouse/Domestic Partner
11 = Transfer from Previous Campaign
12 = Contributors Giving $50 or Less

CANDIDATE'S NAME

SCHEDULE A-1
IN-KIND CONTRIBUTIONS

In-kind contributions are goods and services (including facilities) that you received at no cost or at a cost less than the fair market value. They include all goods and services purchased for the campaign by the candidate or supporters if the campaign does not expect to reimburse the candidate or supporter. These contributions may come from the candidate, candidate's family, and supporters.

- **In-kind contributions are subject to the seed money restrictions and requirements described on Schedule A. Please read the instructions on Schedule A for information about how to report cash and in-kind contributions.**
- **Goods that you have retained from an earlier election such as signs are not in-kind contributions to your current campaign.**
- **If you received goods and services at a discount, report the amount of the difference between the fair market value and the cost you paid.**

DATE RECEIVED	CONTRIBUTOR'S NAME, ADDRESS, ZIP	OCCUPATION AND EMPLOYER	DESCRIPTION (of goods, services, facilities, or discounts received)	TYPE (use key code)	VALUE (estimated fair market value)

Total in-kind contributions (this page only) ⇒
(combined totals from all Schedule A-1 pages must be listed on Schedule F, line 5)

Key Codes:
1 = Other Individuals
2 = Candidate and Candidate's Spouse/Domestic Partner
12 = Contributors giving $50 or less

CANDIDATE'S NAME

SCHEDULE B
EXPENDITURES

- **Enter the date, payee, expenditure type, and amount for each expenditure made during the report period.**
- **Enter a description of the goods and services purchased in the remarks section.**
- **Expenditures made with a candidate's or an authorized individual's personal funds must be reimbursed within the same report period as the expenditure. Enter the vendor as the payee and the purchase date. Report the name of the individual who made the payment in the remarks section. Report goods and services purchased by others for which no reimbursement will be made as an in-kind contribution on Schedule A-1.**
- **Only enter expenditures that have actually been paid. Enter unpaid debts and obligations on Schedule D.**
- **If you use campaign funds to pay or reimburse an immediate family member or household member for goods or services they provided or purchased for the campaign, you must list the family or household relationship in the**

EXPENDITURE TYPES			
CNS	Campaign consultants	POL	Polling and survey research
CON	Contribution to other candidate, party, committee	POS	Postage for U.S. Mail and mail box fees
EQP	Equipment (office machines, furniture, cell phones, etc.)	PRO	Other professional services
FND	Fundraising events	PRT	Print media ads only (newspapers, magazines, etc.)
FOD	Food for campaign events, volunteers	RAD	Radio ads, production costs
LIT	Print and graphics (flyers, signs, palmcards, t-shirts, etc.)	SAL	Campaign workers' salaries and personnel costs
MHS	Mail house (all services purchased)	TRV	Travel (fuel, mileage, lodging, etc.)
OFF	Office rent, utilities, phone and internet services, supplies	TVN	TV or cable ads, production costs
OTH	Other (bank fees, entrance fees, small tools, wood, etc.	WEB	Website design, registration, hosting, maintenance, etc.
PHO	Phone banks, automated telephone calls		

DATE EXPENDITURE MADE	NAME OF EACH PAYEE	EXPENDITURE TYPE (use code from above)	REMARK (REQUIRED)	AMOUNT

Total expenditures (this page only) ⇒
(*combined totals from all Schedule B pages must be listed on Schedule F, line 4*)

____
CANDIDATE'S NAME

SCHEDULE B
EXPENDITURES (continued)

DATE EXPENDITURE MADE	NAME OF EACH PAYEE	EXPENDITURE TYPE (use code from previous page)	REMARK (REQUIRED)	AMOUNT

Total expenditures (this page only) ⇒
(*combined totals from all Schedule B pages must be listed on Schedule F, line 4*)

CANDIDATE'S NAME

SCHEDULE D
UNPAID DEBTS AND OBLIGATIONS

- **List any debts or obligations that are unpaid at the close of this period (even if included in earlier reports).**
- **You have incurred a debt or obligation if you have placed an order for a good or service without making a payment; made a promise or agreement to pay for a good or service; signed a contract for a good or service; or received delivery of a good or service for which you have not paid.**
- **If the campaign has not received a bill for goods or services, contact the vendor to obtain the amount owed. If it is impossible to verify the amount of the debt, enter an estimated amount and indicate that the amount is estimated in the purpose section.**
- **Report actual payments to vendors on Schedule B.**

DATE OF OBLIGATION	CREDITOR'S NAME AND ADDRESS	PURPOSE	AMOUNT

Total unpaid debts and obligations (this page only) ⇒
(combined totals from all Schedule D pages must be listed on Schedule F, line 6)

CANDIDATE'S NAME

DATE SUBMITTED:________________________

SCHEDULE F
SUMMARY SCHEDULE
(MCEA CANDIDATES)

This page is required for all candidates except those checking the no activity box on the cover page of the report.

The cash balance on line 14 should match the campaign's reconciled bank account balance as of the last day of the report period.

CASH ACTIVITY FOR THIS PERIOD	
RECEIPTS	
1. CASH SEED MONEY CONTRIBUTIONS (Schedule A)	
2. OTHER CASH RECEIPTS (interest, etc.)	
3. TOTAL RECEIPTS (lines 1 + 2)	
EXPENDITURES	
4. EXPENDITURES (total of all Schedule B pages)	

OTHER ACTIVITY FOR THIS PERIOD	
5. IN-KIND CONTRIBUTIONS (total of all Schedule A-1 pages)	
6. TOTAL UNPAID DEBTS AT CLOSE OF PERIOD (total all Schedule D pages)	

CASH SUMMARY	
7. CASH BALANCE AT BEGINNING OF PERIOD (Schedule F, from last report)	
8. *PLUS* TOTAL RECEIPTS THIS PERIOD (line 3 above)	+
9. *MINUS* TOTAL PAYMENTS THIS PERIOD (line 4 above)	–
10. CASH BALANCE AT CLOSE OF PERIOD (lines 7 + 8 - 9)	=